PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application or Docket Number (0/656837		
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY										OR	OTHER THAN SMALL ENTITY	
-	FOR SIC FEE		. NUMBER FILED			NUMBER EXTRA		RATE	FEE	j	RATE	FEE
(37	CFP 1.16(a))								s	OR		;
	TAL CLAIMS CFR 1.16(c))		. minus 20 ≈				7	X \$ =		OR	x \$ _	- *
	DEPENDENT CLA CFR 1.16(b))	IMS	minus 3		3 = '		7	x \$=	†	OR	X \$	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+\$=		OR	+5 =		
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		OR	TOTAL	·
	c	LAIMS Ą	S AMI	ENDED	– PART II					-	: :	t
		(Column 1)			(Column 2)	Column 2) (Column 3)		SMALL ENTITY		OR	OR OTHER TO	
AMENDMENT.		CLAIN REMAIN AFTE AMENDA	(ING R		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL	i garag	RATE	ADDI- TIONAL
	.Total (37 CFR 1.16(c))	25		Minus	PAID FOR	= -	┪	x, 25.	FEE		x : 50 ==	FEE
	Independent (37 CFR 1.16(b))	2		Minus	- 3	= 2	1-	x s/00=		OR OR	x =200=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						1	+:/80=		OR OR	+,360	
					-		,	TOTAL ADD'L FEE		OR OR	TOTAL ADD'L FEE	
		(Column			(Column 2)	(Column 3)						
AMENDMENT #		CLAIM REMAINI AFTEF AMENDM	ING		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT. EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total (37 OFR 1.16(c))			Minus	••	=		x \$		OR	x s =	FEE
	Independent (37 CFR 1.16(b))	•		Minus	400	=		x s =	1	OR	x \$=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+\$=		OR	+5 =	
- ··	•							TOTAL ADD'L FEE		OR :	TOTAL ADD'L FEE	
		(Column			(Column 2)	(Column 3)			,			
AMENDMENT #		CLAIMS REMAINII AFTER AMENDME	NG		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL 4 FEE)))	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	:		Minus	••	Ę		x \$=		OR	x \$=	, , , ,
	Independent (37 CFR 1.16(b))	• :		Minus	•••	±		x s=		OR		27 1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$=		OR	+ <u>\$'</u> =	
Hithe colorial setum of the training of t								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	<u> </u>
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. 												

This collection of Information Is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.